

Email Address Form

Instructions: This form is to notify FPPA of your current e-mail address. Please fill out, sign and mail this form to the FPPA address listed above. E-mail addresses will not be sold or used for any purpose other than communication from FPPA.

Member Information

Active

Retiree

Member's Last Name

First Name

Middle Initial

X X X . X X _ _ _ _

Social Security Number - Last Four Digits Only

Name of Employer - if an active member

Current E-mail Address

Previous E-mail Address - if applicable

_____ @ _____ . _____
Current E-mail Address

Does the email address (left) replace a previously provided email? Yes No

If Yes, please provide your previous email address so we may remove it from our records.

_____ @ _____ . _____
Previous E-mail Address

Specify Your Mailing Preference

Required Communications from FPPA such as legislative notifications, the *PensionCheck* newsletter, and other important plan information that are deemed necessary and required communications to members.

I prefer to receive **Required Communications** from FPPA as (check ONLY ONE box):

Email (the default option if we already have an email for you)

Postal Mail

(Certain Required Communications may be required to be sent by Postal Mail.)

Optional Communications from FPPA include Seminar Invitations, etc.

I request to receive **Optional Communications** from FPPA as (check ONLY ONE box):

Email (the default option if we already have an email for you)

Postal Mail

Opt-out of all Optional Communications all together.

You may also specify your mailing preference at anytime by logging on to your profile page of the Member Account Portal (MAP).

PHONE Information - optional

Home Phone #

Cell Phone #

Fax #

SIGNATURE REQUIRED

X

Signature

_____/_____/_____
Date Signed